



Application for Employment

PLEASE PRINT

Position(s) Applied For: _____ Date of Application: _____

Referral Source Advertisement Employee Relative Government Employment Agency
 Walk-In Private Employment Agency Other: _____
Name of Source (If Applicable): _____

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number () Social Security Number _____

If Necessary, best time to call you at home is: _____

May we contact you at work? Yes No

If yes, work number and best time to call: () am pm

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date / /

Have you ever been employed here before? Yes No

If yes, give dates From / / To / /

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work / /

Type of employment desired Full Time Part Time Temporary Seasonal Educational Co-Op

Are you on lay-off and subject to recall? Yes No

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you been convicted of a felony in the last seven (7) years? Yes No

(Such conviction may be relevant if job related, but does not bar you from employment.)

If Yes, please explain: _____

Driver's license number (if job related) _____ State _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer ()	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Employer ()	Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

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Reason for Leaving		Hourly Rate/Salary		
		Final		
May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments (including explanation of any gaps in employment)

Skills and Qualifications – Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our City.

Educational Background (if job related)

A. List last three (3) schools attended, starting with last one. B. List number of years completed. C. Indicate degree or diploma earned, if any.
 D. Grade Point Average or Class Rank and E. Major and minor field of study (if applicable).

A. School	B. No. Years Completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

List any foreign language(s) you know and check the boxes that describe your skill level.

Language	Speak Some	Speak Fluently	Read	Write

References

List names and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices Held

List special accomplishments, publications, awards. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider. _____

The City of Victoria has adopted a drug and alcohol testing policy. As a job applicant for any City position, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the City's conditional offer of employment may be withdrawn. If you undergo an initial screening test with a positive result, a confirmatory test verifying that result must be performed.

You have the right to explain a confirmatory test's positive result within three working days after receiving notice. You have the right to request and pay for a confirmatory retest of the original sample within five working days after receiving notice. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant, who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest within five working days after notice may be refused employment and will be notified of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the City of Victoria.

The full Drug and Alcohol Testing personnel policy is available for review at the City of Victoria, 7951 Rose, during regular business hours. A job applicant receiving a conditional offer of employment will be given a full policy at least one day prior to testing.

IMPORTANT: READ BEFORE SIGNING

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and matters contained in this application, which the City of Victoria may deem relevant to my employment and I authorize all my previous employers or other persons having information concerning my record or me to report such information to the City of Victoria. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures.

I understand that nothing contained in the employment application or in the granting of an interview, and no City policies, procedures, or manuals that I might receive, are intended to create an employment contract between the City and me for either employment or for providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guaranty is binding upon the City unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that the City retains a similar right.

I agree to submit to a physical examination at the City of Victoria's expense by a doctor designated by the City of Victoria prior to final acceptance of employment, if requested and at subsequent intervals as the employer may direct, it being understood that such medical examination are to determine my physical fitness for employment or continued employment in the event that I am employed.

Signature of Applicant

Date

ADDENDUM TO APPLICATION FORM

VETERANS PREFERENCE POINTS APPLICATION INSTRUCTIONS

Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to their exam results. Points are awarded to the provisions of Minnesota Statutes 43A 11. To be eligible for veteran's preference points you must

1. Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, and be a citizen of the United States or resident alien, or be the surviving spouse of a deceased veteran (as defined above) or the spouse of a disabled veteran who because of the disability is not able to qualify; AND
2. NOT be currently receiving or eligible to receive a monthly veteran's pension based exclusively on length of military service.

The information you provide on this form will be used to determine your eligibility for veteran's preference points. You are not required to supply this information, but we cannot award veterans points without it.

YOU MUST SUPPLY A COPY OF YOUR DD214. DISABLED VETERANS MUST ALSO SUPPLY FORM FL-802 OR AN EQUIVALENT LETTER FROM A SERVICE RETIREMENT BOARD. SPOUSES APPLYING FOR PREFERENCE POINTS MUST SUPPLY THEIR MARRIAGE CERTIFICATE, THE VETERAN'S DD214 AND FL-802 OR DEATH CERTIFICATE.

If you supply the supporting documentation by separate mail, your name and the position applied for must be included.

ARE YOU APPLYING FOR VETERANS BONUS POINTS? YES NO

If you answered "YES", your DD214 or other documentation must be received no later than seven (7) calendar days after the application deadline for the position.

VETERANS PREFERENCE POINTS APPLICATION

Veteran

If spouse, veteran's name:

Self Spouse

Branch of Service:

Period of Active Duty

From:

To:

Rank at Discharge:

Type of Discharge:

Date of Final Discharge:

Service No.:

Are you receiving or eligible for military pension? Do you have a compensable service-related disability?

Yes

No

Yes

No

Preference Requested:

Veteran

Disabled Veteran

Spouse of Disabled Veteran

Spouse of Deceased Veteran

Your Preference Points application cannot be considered without supporting documentation (see instructions above). If the documentation is not attached, it must be received in our office no later than seven (7) calendar days after the application deadline for the position in order to guarantee that points are awarded in a timely manner.

Supporting documentation: is attached will be submitted within 7 days of application deadline

FOR OFFICE USE ONLY

5 points

10 points

City of Victoria
7951 Rose Street - P.O. Box 36
Victoria, MN 55386
phone (952) 443-2363
fax (952) 443-2110



Drug Screening

ACKNOWLEDGEMENT AND CONSENT

The City Policy requires that any employee or job applicant complete this form before undergoing a test for drug or alcohol use.

I, _____, voluntarily authorize the collection of my blood and/or urine in such a manner as the authorized testing laboratory deems appropriate for drug or alcohol testing purposes. In addition, I authorize the City to receive the results of the test from the designated laboratory analyzing the sample(s).

I have been given and have seen a copy of the Drug and Alcohol Policy of the City and consent to be tested. I understand that the results of this testing may affect my employment status with the City.

Signature _____

Date _____

Witness _____

Date _____

City of Victoria
7951 Rose Street - P.O. Box 36
Victoria, MN 55386
phone (952) 443-2363
fax (952) 443-2110



Background Verification

To: Bureau of Criminal Apprehension
CJIS Section
1430 Maryland Avenue East
St. Paul, MN 55106

INFORMED CONSENT

Applicant Note: The information herein is considered private data, and will be used only to determine your suitability for employment. Providing this information is strictly voluntary and you are not required by law to furnish any of the information requested herein. However, if you do not furnish we may have trouble determining your suitability for employment. The information provided herein will be assessable only to you, pertinent staff of the City of Victoria, Parks and Recreation Department, or as provided by Minnesota Statutes.

BCA Note: The following person has applied for a position with the City of Victoria. The City of Victoria practices the procedures (and in some cases state law) which require that criminal history inquiries be made on applicants for employment in certain positions with the City.

Full name _____
First Middle Last

Date of Birth _____ Sex _____ SS# _____

I authorize the Bureau of Criminal Apprehension to disclose all information pertaining to my criminal history inquiry to the City of Victoria.

Signature of Applicant Date

Agency Representative Date

**THE APPLICANT SIGNATURE MUST BE NOTARIZED BEFORE
THE INQUIRY CAN BE PROCESSED BY THE BCA.**

State of Minnesota }
County of Carver } ss.

Subscribed and sworn before me this _____ day of _____ 20__.

by _____

Notarial Stamp or Seal

Signature of Notary Public